

Name: \_\_\_\_\_

Dates of Placement : \_\_\_\_\_

Student's Educational Organisation: \_\_\_\_\_

Location of Placement : \_\_\_\_\_

Clinical Facilitator : \_\_\_\_\_

Preceptors in Placement Location : \_\_\_\_\_

Student's objectives for clinical placement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Week 1 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

# Student Placement Attendance Record



Week 2 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

**Experiences**

Date	Description of Experience / Observation	Preceptor sign	Comments

Week 3 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

**Experiences**

Date	Description of Experience / Observation	Preceptor sign	Comments

# Student Placement Attendance Record



Week 4 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

**Experiences**

Date	Description of Experience / Observation	Preceptor sign	Comments

Week 5 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

**Experiences**

Date	Description of Experience / Observation	Preceptor sign	Comments

# Student Placement Attendance Record



Week 6 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

**Experiences**

Date	Description of Experience / Observation	Preceptor sign	Comments

Week 7 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

**Experiences**

Date	Description of Experience / Observation	Preceptor sign	Comments

# Student Placement Attendance Record



Week 8 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

---



---



---

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Student's comments at completion of placement:

---



---



---



---



---

Preceptors's comments at completion of placement:

---



---



---



---



---

Facilitators's comments at completion of placement:

---



---



---



---



---